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PROCEEDINGS

OF THE

MEDICAL CONVENTION,

FOR THE PURPOSE OF ORGANIZING THE

ILLINOIS STATE MEDICAL SOCIETY,

HELD AT

SPRINGFIELD, JUNE 4, 1850,

TOGETHER WITH THE

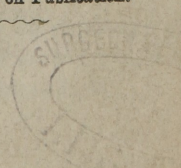


CONSTITUTION, BY-LAWS AND CODE OF ETHICS,

ADOPTED BY THE SOCIETY.

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1850.

PROCEEDINGS.

At a meeting of the Physicians of Illinois, held in the State Library Room, at Springfield, June 4th, 1850, on motion of Dr. HERRICK, of Chicago, Dr. RULDOLPHUS ROUSE, of Peoria, was called to the Chair ; and, on motion of Dr. BOAL, of Lacon, Dr. EDWIN G. MEEK, of Chicago, was appointed Secretary.

On motion of Dr. BLANEY, of Chicago, it was

Resolved, That we deem it expedient to proceed to the organization of a State Medical Society.

On motion of Dr. BLANEY, it was

Resolved, That the Convention now resolve itself into Committee of the Whole, in order to digest a plan for the organization of a State Medical Society.

Proceedings in Committee of the Whole--Dr. ROBERT BOAL, of Lacon in the Chair.

On motion of Dr. HALDERMAN, of Carlinville, it was

Resolved, That the Secretary read to the Committee the plan of organization of the National Medical Association, which, with such modifications as may be necessary to adapt it to the wants of this Society, shall be adopted as the regulations of the Illinois State Medical Society.

Pending a protracted and interesting discussion of the regulations of the National Medical Association, the Committee rose and reported progress, and the Convention adjourned until two o'clock P. M.

Afternoon Session.

The Convention again resolved itself into Committee of the Whole, Dr. BOAL, of Lacon, in the Chair ; and, after further discussion, the Committee rose, and, through its Chairman, presented to the Conven-

tion a report which was adopted (see Appendix A.) and the Committee discharged from further consideration of the subject referred to them.

On motion of Dr. McNEILL, of Peoria, it was

Resolved, That a Committee consisting of one member from each county represented in this Convention, be appointed to nominate officers for the Illinois State Medical Society for the ensuing year.

The following gentlemen were appointed as that Committee :

Dr. J. V. Z. BLANEY, of Cook County,

Dr. J. A. HALDERMAN, " Macoupin "

Dr. S. A. PADDOCK, " Bureau "

Dr. M. HELM, " Sangamon "

Dr. L. G. THOMPSON, " Marshall "

Dr. F. A. McNEILL, " Peoria "

Dr. S. THOMPSON, " Edwards "

After a short absence the Committee returned, and reported the names of the following gentlemen, as officers for the ensuing year :

PRESIDENT,

Dr. WILLIAM B. HERRICK, of *Chicago*.

VICE PRESIDENTS,

Dr. RUDOLPHUS ROUSE, of *Peoria*,

Dr. A. G. HENRY, of *Springfield*.

SECRETARIES,

Dr. EDWIN G. MEEK, of *Chicago*,

Dr. S. A. PADDOCK, of *Princeton*.

TREASURER,

Dr. JOHN A. HALDERMAN, of *Carlinville*.

All of whom were unanimously elected, and the Convention, by vote, resolved itself into the Illinois State Medical Society.

RUDOLPHUS ROUSE, *President*.

EDWIN G. MEEK, *Secretary*.

Springfield, June 4th, 1850.

The Society was called to order by the President, who delivered a short and appropriate Address, on taking the Chair. The Society then proceeded to the selection of the Standing Committees ; and the same Committee which nominated officers, with the addition of Dr. EDWARD ROE, of Jacksonville, and the President, were instructed to nominate members for the various Standing Committees. After a short session the Committee presented a report as follows :

Committee of Arrangements.

DR. F. A. McNEILL,	} of Peoria.
DR. J. D. ARNOLD,	
DR. E. S. COOPER,	

Committee on Practical Medicine,

DR. SAMUEL THOMPSON, of Albion,
 DR. A. G. HENRY, of Springfield,
 DR. DANIEL STAHL, of Quincy.

Committee on Surgery,

DR. DANIEL BRAINARD, of Chicago,
 DR. JOHN A. HALDERMAN, of Carlinville,
 DR. E. S. COOPER, of Peoria.

Committee on Obstetrics.

DR. JOHN EVANS, of Chicago,
 DR. RUDOLPHUS ROUSE, of Peoria,
 DR. M. HELM, of Springfield.

Committee on Drugs and Medicines.

DR. J. V. Z. BLANEY, of Chicago,
 DR. EDWARD R. ROE, of Jacksonville,
 DR. B. K. HART, of Alton.

Committee on Publication,

DR. EDWIN G. MEEK, of Chicago,	} <i>Ex Officio</i>
DR. S. A. PADDOCK, of Princeton,	
DR. JOHN A. HALDERMAN, of Carlinville.	

Which report was unanimously adopted.

On motion, the Society then went into Committee of the Whole, Dr. BOAL, of Lacon, in the Chair, for the purpose of adopting a code of Medical Ethics, based on that of the National Association. The whole

subject was freely and ably discussed, and the Committee reported, through its Chairman, the code of Ethics adopted by the National Medical Association, with the following alterations: Chap. 2 Art 2, altered in the first line by inserting between "all" and "practitioners," the word "regular." Chap. 2 Art. 2, altered by inserting instead of "suffer," the words "favor or encourage," and adding to the sentence the words "except approved medical prints."

On motion of Dr. S. THOMPSON, a Committee of three was appointed to draft a code of by-laws for the government of the Society, the Committee to report to-morrow morning. Drs. S. THOMPSON, BLANEY and HENRY were appointed such committee. The Society then adjourned until 9 o'clock to-morrow morning.

Wednesday Morning, June 5th, 1850.

Society met, pursuant to adjournment, the President in the Chair. The Committee on By-Laws announced themselves ready to report, when, on motion of Dr. HENRY, the rules were suspended to allow of the election of Dr. B. F. STEPHENSON, of Menard County, and Dr. JAYNE, of Springfield, as permanent members, they having arrived subsequent to the organization of the Society. The Committee on By-Laws then presented their report, which, after considerable discussion and some amendment, was adopted. (See Appendix B.)

On motion of Dr. ROE it was

Resolved, That the Secretaries be instructed to record in the minutes, the names of the members who have proposed, or shall propose candidates for permanent membership, together with the names of said candidates and their place of residence.

The Society then adjourned until two o'clock P. M.

Afternoon Session.

President in the Chair. Dr. S. THOMPSON drew the attention of the Society to the subject of registration of Births, Deaths and Marriages, urging the importance of complying with the recommendation of the National Medical Association on this subject.

On motion of Dr. BOAL it was

Resolved, That a special committee of three be appointed by the Chair, to memorialize the Legislature at its next session, praying the

enactment of a statute providing for the registration of Births, Deaths and Marriages ; and that the Committee cause a petition to that effect to be circulated as widely as possible through the State.

Drs. ROBERT BOAL, ALFRED E. AMES and F. A. McNEILL were appointed said Committee.

On motion of Dr. McNEILL, it was

Resolved, That as members of the State Medical Society, we will discourage the sale of patent or secret *nostrums*, on the part of Druggists and Apothecaries throughout the State ; and that so far as practicable, we will patronize those Druggists and Apothecaries, and those only, who abstain from the sale of such patent or secret *nostrums*.

On motion of Dr. HALDERMAN, it was

Resolved, That the organization of local Medical Societies, throughout the State is hereby recommended ; and that they be invited to send delegates to the annual meetings of the State Medical Society.

On motion of Dr. BLANEY it was

Resolved, That the Secretaries be instructed to notify all permanent members of their election ; and that acceptance is expected to be accompanied by *Two Dollars*, and a written promise to sign the constitution and by-laws : *And further*, That at the next annual meeting of this Society, the Committee of Arrangements shall demand of all permanent members the Treasurer's receipt for the initiation fee of *Two Dollars* before granting them seats as permanent members.

On motion of Dr. BOAL, it was

Resolved, That the Editors of the *North-Western Medical and Surgical Journal* have permission to prepare from the minutes, and publish, an abstract of the proceedings of the Society.

On motion of Dr. BLANEY, it was

Resolved, That the proceedings both of the Convention by which this Society was formed, and of the Society, together with the Constitution and By-Laws, be referred to the Committee of Publication with instructions to prepare and print a thousand copies. Also, that immediately on the publication of said Proceedings, Constitution and By-Laws, a copy be forwarded by the Committee to the Secretary of the National Medical Association ; to the Chairman of each of the Standing Committees of the same. To the Secretary of each of the State Medical Societies in the United States ; to each member of this Society ; and, when applied for, to the Secretary or President of each local Medical Society or Institution entitled to representation in this Society ; all free of charge : And that copies may be sold, at a price fixed by the Committee, to any regular member of the medical profession in the State ; the proceeds of such sale to be accounted for to the Society, by the first Secretary.

On motion of Dr. BOAL, it was

Resolved, That the thanks of this Society be tendered to the Hon.

D. L. Gregg, Secretary of State, for the use of the State Library Room, and for his polite and gentlemanly attention to its members.

On motion of Dr. McNEILL, it was

Resolved, That the Secretaries be requested to correspond with prominent medical men in different sections of the State, in which local Medical Societies are not already organized, in order to encourage the formation of such Associations, by keeping the subject before the profession, so that we may the better succeed in securing a thorough representation at the next annual meeting.

On motion of Dr. S. THOMPSON it was

Resolved, That it be recommended to each member of this Society to communicate to the Chairmen of the various Standing Committees, all such matters as shall have relation to the duties of said Committees.

On motion of Dr. BLANEY, it was

Resolved, That the Committee on Practical Medicine be requested by such means as they may deem advisable, to procure the keeping of Meteorological records, with as much accuracy, and in as many localities, as possible, throughout the State.

On motion of Dr. BLANEY, it was

Resolved, That the Society now proceed to the election of one of its members to deliver a public address at the next annual meeting ; with an alternate to deliver an address in case of the absence of the member elected.

Whereupon the Society made choice, by ballot, of Dr. EDWARD ROE of Jacksonville, with Dr. N. S. DAVIS. of Chicago, as alternate.

On motion of Dr. BLANEY, it was

Resolved, That the Committee on Publication, if they find it necessary, may call on the members, through the Treasurer, for an assessment to defray the expenses of publication : said assessment not to exceed *Two* dollars for each member.

The Society then adjourned to meet at Peoria, on the first Tuesday in June, 1851.

EDWIN G. MEEK,	}	<i>Secretaries</i>
S. A. PADDOCK,		

APPENDIX.

A.

CONSTITUTION.

Whereas, the Medical Convention, held in the city of Springfield, in June, 1850, have declared it expedient "for the Medical Convention of the State of Illinois to institute a State Medical Society;" and,

Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical Profession in this State, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the Medical Profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it;—therefore,

Be it resolved, in behalf of the Medical Convention of the State of Illinois,—that the members of the Medical Convention held in Springfield, June. 1850, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a State Medical Society;—and that, for the organization and management of the same, they adopt the following

REGULATIONS.

I. TITLE OF THE SOCIETY.

This Institution shall be known and distinguished by the name and title of "The Illinois State Medical Society.

II. MEMBERS.

The members of this Society shall collectively represent and have cognizance of the common interests of the medical profession in the State of Illinois; and shall hold their appointment to membership, either as delegates from local institutions, as members by invitation, or as permanent members.

The Delegates shall receive their appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing in the State of Illinois. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the society.

Each local society shall have the privilege of sending to the society one delegate for every five of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

The Members by Invitation shall consist of practitioners of reputable standing from any part of the United States. They shall receive their appointment by invitation of the meeting, after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the society until the close of the session at which they were received, and may participate in the discussions without the right of voting.

The Permanent Members shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote.

Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the society, so long as they shall continue to conform to its regulations, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings as provided for members by invitation.

Every member elect, prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been

organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the title of the institution from which he has received the appointment.

II. MEETINGS.

The regular meetings of this Society shall be held annually, and commence on the first Tuesday in June. The place of meeting shall never be the same for any two years in succession, and shall be determined for each next succeeding year by vote of the Society.

IV. OFFICERS.

The officers of the Society shall be a President, two Vice Presidents, two Secretaries, and a Treasurer. They shall be nominated by a special committee of one member from each county represented at the meeting, and shall be elected by vote on a general ticket. Each officer shall hold his appointment for one year, and until another is elected to succeed him.

The President shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usages may require, and deliver an Address at the expiration of his term of office.

The Vice Presidents, when called upon, shall assist the President in the performance of his duties, and, during the absence, or at the request of the President, one of them shall officiate in his place.

The Secretaries shall record the minutes, and authenticate the proceedings, give due notice of the time and place of each next ensuing annual meeting, and serve as members of the Committee on Publication. The Secretary first in nomination shall also preserve the archives and unpublished transactions of the Society.

The Treasurer shall have the immediate charge and management of the funds and property of the Society. He shall be a member of the Committee on Publication, to which committee he shall give bonds for the safe keeping, and proper use, and disposal of his trust. And through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

V. STANDING COMMITTEES.

The following Standing Committees, each composed of three members, shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying into effect the orders of the Association not otherwise assigned—namely a Com-

mittee on Arrangements, a Committee on Practical Medicine, a Committee on Surgery, a Committee on Obstetrics, a Committee on Drugs and Medicines, and a Committee on Publication.

The *Committee on Arrangements* shall, if no sufficient reasons prevent, be mainly composed of members residing in the place at which the Society is to hold its next annual meeting; and shall be required to provide suitable accommodations for the meeting, to verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the Society, or by others through them, and to determine the order in which such papers are to be read and considered.

The *Committee on Practical Medicine* shall prepare an annual report on the more important improvements effected in this State in the management of individual diseases; and on the progress of epidemics: referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, during the term of their service.

The *Committee on Surgery* shall prepare an annual report on all the important improvements in the management of surgical diseases effected in Illinois during the year.

The *Committee on Obstetrics* shall prepare an annual report on all the improvements in the Obstetric Art, and in the management of diseases peculiar to women and children, effected in Illinois, and collect statistics during the year.

The *Committee on Drugs and Medicines* shall prepare an annual report on all improvements and discoveries in Pharmacy and Materia Medica effected during the year, and on all subjects connected with the sophistication and sale of Drugs and Medicines.

The *Committee on Publication* composed of the Secretaries and Treasurer, shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions and memoirs of the Society, as may be ordered to be published. The members of this Committee, who have not the management of the funds, shall also in their own names as agents for the Society, hold the bond of the Treasurer for the faithful execution of his office, and shall annually audit and authenticate his accounts, and present a statement of the same in the annual report of the Committee; which report shall also specify the character and cost of the publications of the Society during the year, the number of copies still at the disposal of the meeting, the funds on hand for further operations, and the probable amount of the Assessment to be laid on each member of the Society for covering its annual expenditures.

B.

BY-LAWS.

I. The order of business at the annual meetings of the Illinois Medical Society shall at all times be subject to the vote of three-fourths of all the members in attendance; and until permanently altered, except when for a time suspended, it shall be as follows, viz:

1. The temporary organization of the meeting preparatory to the election of officers.

2. The report of the Committee of Arrangements on the credentials of members; after the latter have registered their names and addresses, and the title of the institutions which they represent.

3. The calling of the roll.

4. The election of officers.

5. The reading of the minutes.

6. The reception of members not present at the opening of the meeting, and reading of notes from absentees.

7. The reception of members by invitation.

8. The reading and consideration of the stated annual reports from the standing committees.

9. The selection of the next place of annual meeting.

10. The choice of permanent members by vote.

11. The new appointments to fill the standing committees.

12. Resolutions introducing new business, and instructions to permanent committees.

13. The reading and discussion of voluntary communications introduced through the committee on arrangements.

14. Unfinished and miscellaneous business.

15. Adjournment.

II. The credentials of Delegates from local societies and institutions privileged to be represented in this society, and the qualifications of indi-

viduals proposed for permanent membership, shall be submitted to the committee of arrangements, who shall report the results of their deliberations thereon to the Society.

III. The rules for conducting business in the Senate of the United States, shall in all cases as far as they are applicable and not incompatible with the Constitution and By-Laws of this Society be adopted as the rules for regulating its business.

IV. Members shall be liable to censure, suspension or expulsion for wilful neglect of the rules and regulations of the same, or flagrant violations of our code of Professional Ethics. A vote of two-thirds of the members present shall be required to censure or suspend, and one of three-fourths to expel.

V. In case of any charges being preferred against any member which might lead to his censure, suspension, or expulsion, the Secretary shall immediately give to the accused a written copy of the charges preferred. The matter shall then lie over till the next annual meeting, when due action shall be taken thereon.

VI. An initiation fee of two dollars shall be paid by every person on his becoming a member.

VII. Resolutions amending, repealing, or adding to these By-Laws shall require a two-thirds vote of the members present.

C.

CODE OF ETHICS.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of Physicians to their Patients.*

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge.—Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity or flaw of character observed during professional attendance, should ever be

divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary considerations.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART II.—*Obligations of Patients to their Physicians.*

§ I. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment, than any one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more impor-

tant, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and cause of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences: a patient may sink under a painful and loathsome disease which might have been readily prevented had timely intimations been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his own business nor the history of his family concerns.

§ 6 The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits* of a physician who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the

directions prescribed for him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with peculiar diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or favor or encourage such publications, except in approved medical prints; to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All regular practitioners of medicine, their wives, and their children while under parental care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude he experiences at the sickness of a wife, a child, or any one who by the ties of

consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving would wish not to incur.

ART. III.—*Of the duties of Physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him.—Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of a family physician, and when exercised for a short period, all the pecuniary obligations should be awarded him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantage of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of Physicians in regard to Consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this society, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship,

or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther enquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinion* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision however, should restrain the attending physician from making variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold a consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take the precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate, a

reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words or manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future un-

solicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance : the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation.—The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of Physicians in case of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust and

illiberal insinuations should be thrown out in relation to the conduct or practice pursued, which should be justified as far as candor, and regard for truth and probity will admit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family physician is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in the case of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first that arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent, because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgements.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgements* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burthens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical police of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also always be ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility of the risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profes-

sion or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injuries to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence they may possess, as far as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumptions of ignorance and empiricism,—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and making them obnoxious to punishment for resorting to the only means of obtaining it.

LIST OF MEMBERS.

SAMUEL THOMPSON, *Albion.*
WILLIAM B. HERRICK, *Chicago.*
J. V. Z. BLANEY, "
EDWIN G. MEEK, "
JOHN A. HALDERMAN, *Carlinville.*
ROBERT BOAL, *Lacon.*
L. G. THOMPSON, "
RUDOLPHUS ROUSE, *Peoria.*
F. A. McNEILL, "
E. S. COOPER, "
A. G. HENRY, *Springfield.*
M. HELM, "
C. F. HUGHES, "
R. P. LAMB, "
J. RICHARDSON, "
— JAYNE, "
S. A. PADDOCK, *Princeton.*
EDWARD ROE, *Jacksonville.*
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DANIEL BRAINARD, *Chicago*
JOHN EVANS, "
ERIAL McARTHUR, "
N. S. DAVIS, "
ALFRED E. AMES, *Roscoe.*
JOHN JACOB LESCHER, *Mt. Carmel.*
EDWIN WRIGHT, *Carlinville.*
A. L. McARTHUR, *Joliet.*
W. B. NORTON, *Russellville.*
E. C. BANKS, *Charleston.*

Other gentlemen who were elected members have not, as yet, signified their acceptance of the honor conferred upon them. Their names will be added, as soon as they declare their compliance with the terms proposed in the circular issued by the Secretary, in pursuance of an order of the Society.

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1850

PROCEEDINGS

OF THE

ANNUAL MEETING

OF THE

AMERICAN

ASSOCIATION

OF

PHYSIOLOGISTS

AND

PHYSICIANS

HELD AT

THE

CITY OF

PHILADELPHIA

IN

THE